

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>601841426</i>	FILING DATE <i>4/24/01</i>				
CLAIMS								*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.				
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TOTAL IND.								1					
TOTAL DEP.								1					
TOTAL CLAIMS								1					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS